

# The Righteous, Proud Farmer

Mr V G More, 74 yrs, is a Widower since 1992. He studied till 8<sup>th</sup> Std in Marathi medium, and became a Farmer. He is a Hindu, a Bhandari, eats Non-Veg, Eggs. He has 4 Sons, 50yrs/46yrs/42yrs/32yrs. (3 are mar-

ried) 2 Daughters, Brother 1, elder, died 6yrs back Sister 1, elder, died. Fa died in 1962 and Mother in 1965. He came to us on 27/7/01 at the Palghar Rural Hospital.

## CHIEF COMPLAINT:

Location	Sensation	Modalities	Accompaniments
<b>Blood Vessels</b> Since 1 yrs.	Accidental finding when patient had dream – of falling from bed & went to Doctor. His BP reading came 160/120. Breathlessness+ Pain+	A/F <sup>3</sup> : Grief. A/F <sup>3</sup> : Loss of image. A/F <sup>3</sup> : Hurt. Patient was put on Tab. Plendil - 5 mg OD for initial 10 days. Later on 2.5 mg OD till now. < <sup>1</sup> after walking 5-6 km.	
<b>Rt Ankle jt</b> Since 4-5 months. F: Daily.	Pain'	< After walking. Not < While walking. < Night. Not < sleep during.	
<b>Rt. Heel – Occ.</b>	Pain'	< <sup>2</sup> Rest. > <sup>3</sup> Tab Diclogen - SOS.	

## ASSOCIATED COMPLAINTS:

Location	Sensation	Modalities	Accompaniments
<b>1. Tooth</b> Localized – Occ. <b>Gums – Occ.</b>	Pain'  Pain'	< Eating hard food.  > Ghee application.	
<b>2. Lt Eye</b> H/O 4 months Back. <b>Rt Eye</b>	Cataract  Cataract.	Operated and lens implanted.	
<b>3. Endocrine.</b> Pancreas - On 4.8.2001	Far distance vision ↓ Accidental Finding of FUS +++.		



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**PATIENT AS A PERSON:**

**A) PHYSICAL CHARACTERISTICS**

**1) Appearance:** Hard fibers<sup>2</sup>, Medium built. He looks younger than his age.

Hair: Gray<sup>3</sup>, which has been colored.

Teeth: Caries<sup>2</sup> Removed – RU.

Perspiration<sup>1</sup>

**2) Digestion:** Appetite, Thirst, Hunger & Taste: N.

Cravings: Potatoes<sup>3</sup> (Now stopped because causes gas<sup>2</sup>) Sweets<sup>3</sup>

**3) Eliminations:** Stool: once/day. Regular – Normal.

Urine: D/N - 4/1

**4) Diet & Daily Routine:**

7.30 am: Gets up.

9 am: 2 Roti (Wheat + Rice flour) & 1 cup Tea.

12 am: Lunch - Rice (2 wati) + fish / terkari / veg. / rice water - 1 glass.

4 pm: Tea 1 cup.

9 pm: Dinner – Rice (2 wati) + 1 glass rice water + veg. 1 wati.

10-10.30 am: Sleep.

**Past History:** Cataract operation.

**Family History:** Nothing specific.

**B) LIFE SPACE:**

Mr VGM, 74 yrs old male, widower, who appears younger<sup>2</sup> than this age, He has no wrinkles on his skin. He is made up of hard fibers<sup>2</sup> and is of medium built. He looks firm & confident. Sits erect with his backbone straight. He speaks confidently and sharply. He has studied till 8th Std in Marathi medium. He has submitted nicely written history in Hindi knowing that Physician is unable to read Marathi. He had no illness in past but has Hypertension since 1 yr.

He is basically a Hindu Bhandari, born and brought up from a village Nangaon, where he is living till now. He has studied up to 7<sup>th</sup> Std from Bordi and during that period he had only one pair of school dress and washed it on every Saturday (a far cry from today's child!)

Father was a farmer and in his own field. He has been

described as, "*kisai ko lafdo maom padhaoka nahin, Apnaa Qam karao,*" only involved with his own work. He has his own name and fame, "*naama qaa, ijjai qai.*" His relation with his father was cordial. He died in 1962. Patient doesn't know the cause of death. He had no much emotional effect of father's death.

Mother was also good natured, "*kisi sao Jagada nahin*" and had cordial IPR. She died in 1965. Patient said he had no much emotional disturbance of mother's death. He said it is part of life. He had one elder brother and 1 elder sister. His brother was good-natured but after father's death, relationship disturbed because of fights for father's property. After father's death, patient was looking after field (land) belonging to him & brothers too because brother had job at Bombay and was residing there. There was no problem in field till brother's son grew up. Brother's Son denied to give field (land) to patient & Conflict started. As per tradition of village / community, after Father's death, field and property always (and usually) goes in elder Son's name with / without terms, and it also gets so registered in Govt. file. Patient was taking total care of land. When issue of right came, he fought against Nephew Patient was very much disturbed<sup>2</sup>, angry<sup>2</sup> towards them He had never expressed anger openly to them heeding his own name, fame, good reputation and well established image in village which he did not want to be spoiled. During this time, ie 1965 he was Sarpanch of village for 5yrs. He said, cannot take it nor swallow it nor say anything. Our name will do down in mud- "*kaogalai zako kuch baaola nahi sakta ki maom nao eosaa ikya,* saba Apnaa baat maanato qao." He sued a case in court and won it in 1983. He received half of his father's property (land) by legal means. He said, he did not want to quarrel / fight openly to them While narrating this incident, he expressed more vexation and suppressed anger towards his nephew than his own brother. He said brother had no choice but to listen to his son. Son also did not listen to his own father. When Nephew's incidence was going on, all vil-

lagers were in patient's favour and scolded nephew for his action, but then also patient felt that his image was spoiled.

His wife was good-natured and looked after him and others nicely. She died in 1992 of bloody diarrhoea with abdominal pain. She was hospitalized but could not be saved. On asking effect of her Death, he simply replied, "*Effect yaa haogaa, Kanao kao, pinao kao, imalata ho tao (@yaa problem ho.*" - what will be the effect? Who will give food and water, who will look after when sick?

He has 4 sons and 2 daughters. During interview he was much disturbed<sup>2</sup> while describing about son<sub>4</sub>. He himself opened that card to physician.

Son<sub>4</sub> is alcoholic<sup>3</sup>, involved with bad company. He is unmarried at 32 because of his bad habits. Patient is least worried about him. Patient dislikes his Son<sub>4</sub>, alcoholism and bad company because "*Apnaia ijjat ko ilea aca nahim lagata, gaamva ko amdr ijjat ho aator vaao ijjat rhnai caahie,, gaamva mamoo kao-maoro kao baaoknao vaalaa naMhl hOO ko maom eosaa hu^ . Apnaa naama rhnaa caahle*" His Son<sub>4</sub> has spoiled his image which he has built in society as - a Hard worker<sup>3</sup>, Simple man<sup>3</sup>, honest<sup>3</sup>, Responsible and has given his children education. Son<sub>4</sub> is living with him but has no communication with him.

Son<sub>1</sub> was good-natured, studied till old SSC. He had a job but less salary so he left the job. He used to think much and one day died. He lived with patient, but patient did not know what he was thinking. He said, "*qaoda idmaaga out hao gayaa qaa.*" On asking about effect of his death, he said, "*@yaa krnao ka mar gayaa tao.*" His wife and 1 son and 1 Do are living with patient. Patient shares good IPR with them. Patient takes care of them nicely.

Son<sub>2</sub> is living separately and IPR is good.

Son<sub>3</sub> is working is ST Depot., Palghar. Patient has no relation with him. Son<sub>3</sub> has been separated after mar-

riage. When patient goes to his home, he never ever serves him even a 1 cup of tea, nor behaves properly with patient. Son<sub>3</sub> receives regular traveling allowance for vacation from his ST department. He has never asked his father to go out with that allowance. He has never helped him financially. Patient feels for his Son<sub>3</sub>'s behaviour toward him.

Major incidence occurred 1 yr back, when Son<sub>3</sub> wanted share of patient's field (land) and brought PANCH to patient's door. This had never happened before. Patient felt very bad and **hurt** by son's behavior. Again Ijjat. All through anger<sup>3</sup> has been buried and not expressed, feeling his image would be spoiled. He correlated that after this incidence his BP increased. He felt his image has been spoiled<sup>3</sup> and lost<sup>3</sup>. He preferred to withdraw himself from relating with son. Now he is not keeping relations with him. He keeps on brooding<sup>3</sup> on this incidence and becomes anxious for his illness. Through out life he had no problems but at 74 in enters HT. He again shared that PANCH people are younger to him, yet they only shouted and scolded his son<sub>3</sub> with the words that once upon a time patient was Sarpanch and all used to respect him and now son himself is not able to understand or give respect. Panch went away without helping son<sub>3</sub>. Even Panch has told nothing to him but he feels there is a sprinkle of black dot on his image. During this time he had dreams of falling from bed and went to Doctor and had accidental finding of increase in BP. He openly said to his Son<sub>3</sub> that as you sow you will reap. If you treat your parents badly so will your children. You respect your parents, so will they.

His nature is Irritable<sup>3</sup> when not obeyed, but does not express it. He has no fears. He had a habit of alcohol H/O 20 yrs before. He left it when understood it is not good for health. He must have newspaper daily in morning. His sleep becomes difficult once he wakes up for urination; also disturbed from noise<sup>3</sup>.

**Physical Examination:**

T: Afebrile. P: /min. BP: 130/80. Wt: 61 kgs.  
 Conjunctiva: Pink. Nails: N.  
 Skin-Palms: Hard2, Rough2.

Tongue: Middle yellowish coated.

RS: NAD. CVS: NAD. P/A: NAD.

Urine	Date	Date	CBC	Date	Lipid Profile	Date	Date
	4.08.01	19.9.02		4.08.01		4.08.01	24.10.02
Protein	Traces	Trace	Hb	15.6	Cholesterol	224	196
Glucose	+++	+	RBC	5.20	LDL	125	125
RBC	Absent	4-6	WBC	6800	HDL	42	49.5
WBC	1-2	2-4	N	62	VLDL	57	22
Crystals	---	Cal. Oxalate+	L	34	Chol:HDL	5.3	4.0
E/C	+nt occ	+nt occ.	E	03	Triglycerides	286	108
			M	01			

Date	4.8.01	16.8.01	26.9.01	27.9.01	7.3.02		
Fasting	---	138	112	---	108		
P.P.	---	212	116	---	146		
FUS	+++	---	++	RUS: +++	Nil.		
PPUS	---	++++	++++	---	++++		

Date	ECG
4.8.01	Sinus rhythm. ST elevation & T inversion at V5-V6. Signs suggestive of Inferior Lateral ischemia.
14.3.02	Same. No fresh changes.

**THE CLINICAL DIAGNOSIS:**

The case was defined by primary physician on 27/7/01. The patient presented with breathlessness on his routine walk for few km & he was also detected as having high blood pressure since last one year. His investigations revealed certain interesting findings. His FBS/PPBS were increased – 138/215 & very high urine sugar, pointing towards Diabetes Mellitus. The cholesterol was high- 224mg which was in a risk zone & the triglycerides was certainly high- 286mg, both the reports are s/o Hyperlipidaemia. ECG findings are s/o of inferio-lateral ischaemia. He also had ankle joint pain-?osteoarthritis of ankle joint.

**CASE ANALYSIS:**

The life story of this man, talks of an interesting tale

about what is weakness & how this expresses itself on the mind & body simultaneously & the organ chosen to express it. This congruency represents the totality. A highly straightforward & hard-working man, he passed through a very difficult life financially. He gradually came up in his life & settled in life. He not only took care of his family, he also guided the village as the Sarpanch of village. And for himself, he earned an image. He created an image of clean, straightforward, conscientious, hard-working man. Situations did arise in his life but he faced them without difficulty. But he could not stand a smear to his image, especially by his own son for the matter of land- internal family dispute coming out on the street, for all to see. The hurt was unbearable & it struck the heart. The dream was symbolic of 'fall' - fallen in his own eyes.



He passed through the grief of losing his image. This affected the heart & the blood vessels. It equally affected the metabolism of glucose & lipid. The ailment from falling from one's own image led to grief (sadness), affecting the heart causing HT & IHD – this leads us to the understanding of *Aurum-met*. This represented the consciousness, sub consciousness & somatization effects leading to destruction (syphilitic miasm). High sensitivity & structural changes (atherosclerosis) as well as metabolic changes allowed me to diagnose susceptibility as poor. This peculiar combination permitted selection of moderate – 30 potency with frequent repetition.

**FOLLOW UP ANALYSIS:**

He is on continuous Homoeopathic Treatment. In last

one & half years of treatment, he remained symptom-free, by & large. His breathlessness on exertion is not present on routine walk. ECG does NOT show progress worsening. BP is fairly under control. We could stop the anti-hypertensive, barring one incidence during acute cold cough when his BP shot up & required the attention of the local physician. His sleep is normal but restricted to 4 hrs. He however, feels fresh. Blood sugar is within normal range but his urine sugar is not yet normal raising the possibility of renal glycosuria. This area needs attention & management. His lipids are well under control & are within normal range. All this indicates the subjective as well as objective improvement in the case.

“Life moves pretty fast. If you don't stop and look around once in awhile, you could miss it.”

- Ferris Bueller's Day

“No man ever steps in the same river twice, for it's not the same river and he's not the same man.”

- Heraclitus -

“From the moment I picked up your book until I laid it down, I was convulsed with laughter. Some day I intend reading it.”

- Groucho Marx -

“Friends may come and go, but enemies accumulate.”

- Thomas Jones -

“Any intelligent fool can make things bigger, more complex, and more violent. It takes a touch of genius - and a lot of courage - to move in the opposite direction.”

- E. F. Schumacher -

Criteria Date	Sleep	Appetite	Dyspnoea	Ankle Pain Heel Pain	Toothache Gum pain.	Vision	Allopathic Rx.	New S/S	O/E: BP/WL	Action.
4.8.01				S No.			Plendil 2.5 mg 1 OD	Case defined.	130/80	II 5P HS
9.8.01	S	N	A	> 50% Mild	+ since 2 d	S	S	Adv. FBS PPBS.	126/80 61 kgs	II 7P HS
16.8.01	S	N	A	> >	> >	S	S	--	120/80	Aur-met 30 3P HS
30.8.01					16.8.01 FBS: 138. PPBS: 212. PPUS: +4. BUN: 12. S. Creatinine: 0.5			Had Cold		Aur-met 30 3P HS
6.9.01	S	N	Mild	Occ at night > <sup>2</sup>	Mild Mild		S	Mild weakness Gas after eating Mild cough	130/80. 59 kgs	Aur-met 30 3P HS For 2 wks.
20.9.01	S	N	A	F S	S S		S	Adv. FBS PPBS	13/80	Aur-met 30 7P HS
27.9.01				> >	> >			26.9.01: FBS: 112. PPBS: 116 FUS: ++. PPUS: ++++. 27.9.01: RUS: +++		Aur-met 30 14P HS.
11.10.01	S	N	A	> > <sup>1</sup>	> > <sup>1</sup>		S		140/86. 57 kgs	Aur-met 30 14P HS
25.10.01	S	N	A	Occ	+		Adv- 1/2 OD	Gas in evening.	120/80. 56 kgs	Aur-met 30 14P HS
8.11.01	↑ Fed <sup>2</sup>	N	A	Occ	+		stop TPlendil	Mild occ cough for 5 min < morning	146/80 56 kgs	Aur-met 30 14P HS
22.11.01	G	N	A	Occ Occ	+		T Plendil started IOD		120/80 56 kgs	Aur-met 30 7P HS
	On 15.11.01 cough+ & BP ↑ so started allopathic Rx for BP & cough. Sputum-thick, white. Coryza+. Cough < at day time. Giddiness+. O/E: Tg: thick, yellowish - white coated.									
29.11.01	G	N	A	A A	+		S. today not taken.	Cold >3	140/90. 56.5 kgs.	Spongia-30 qds-3 days Aur-met 30 4P HS.
	Dry, Short bouts of Cough < 2 morning <+ sleep before. <+ day time >2 after expectoration. >+ sleep during. >+ drinking water. No throat Pain / BL / Chest pain / fever / chilliness. Voice - N. O/E: RS: LLL post. - Fine crepits+.									
6.12.01	G	N	A	A Occ	>2		S	Cough > 2 Sputum - white not > so took Ayurvedic Rx.	120/80. 57 kgs. RS: Clear	Aur-met 30 7P HS
20.12.01	G	N	A	A Mild	Stopped T. Plendil & started - 1 BD Ayurvedic Rx for HT-Sarpagandha.			Cough > 25 % Sputum > 3	130/90. 57 kgs	Aur-met 30 14P HS
3.1.02	G	N	A	A A	>2		Allopathic stopped. Ayurvedic Rx- Same.	Cough- Same. No sputum. Since 2 days Occipital Headache+	130/80 57 kgs.	Aur-met 30 7P HS.

Criteria Date	Sleep	Appetite	Dyspnoea	Ankle Pain Heel Pain	Toothache Gum pain.	Vision	Allopathic Rx.	New S/S	O/E: BP Wt.	Action.
10.1.02	G	N	A	A	Mild		Same- IOD.	Cough >2. Throat pain+ since 2-4 days. No cold. No dysphagia.	126/80. 57 kgs Throat: Congested.	Aur-met 30 7P HS
17.1.02	G	N	A	A	Occ		Not taking Ayurvedic Rx for HT.	Cough >3 No throat pain	150/80 57 kgs.	Aur-met 30 14P HS
31.1.02	G	N	A	A	Mild	N	2 t / 2 week	Mild & V. occ. Dry cough in a.m.	126/70. 56 kgs P: 64/min	Aur-met 30 14P HS
14.2.02	G	N	A	A	Mild	Less	A	Cough - S	120/70 56 kgs	Aur-met 30 14P HS
23.2.02	G	N	A	A	Mild		A	Both knee jt pain+	120/80 56 kgs	PT 1 tab qds- 3 d
28.2.02	G	N	A	A	>3		A.	Knee pain >50%.	150/80 56 kgs	Aur-met 30 7P HS
7.3.02	G	N	A	A	A		A. Adv- FBS/PPBS	Gas+ Knee pain >3	136/80 56 kgs	Aur-met 30 7P HS
14.3.02	G	N	A	A	A		A	Cough occ in morning only	136/80 57 kgs	Aur-met 30 7P HS
21.3.02	G	N	A	A	A	S	A		140/90. 56.5 kgs P: 72/min	Aur-met 30 14P HS
4.4.02	G	N	A	A	A		A	Cough - Same Griddiness in morning	142/80. 56 kgs P: 72/min	Aur-met 30 14P HS
18.4.02	G	N	A	A	A	S	A	Cough >3	130/80. 57 kgs P: 70/min	Aur-met 30 14P HS
2.5.02	G	N	--	--	--		--	Rt. Ear congested & fluid	140/80 57 kgs	Aur-met 30 14P HS
16.5.02	G	N	A	A	A		A	Foot pain+	150/80. 57 kgs	Aur-met 30 14P HS
30.5.02	G	N	A	A	A		A	Leg pain+ & cough	140/80. 57 kgs	Aur-met 30 14P HS
5.6.02	G	N	A	A	A		A	Leg pain+ - S. Cough - Same	150/90. 57.5 kgs	Rhus-tox 200 qds-1d. Continue Aur-met 30
6.6.02	G	N	A	A	A		A	Foot pain > 75% O/E: BP: 138/80 Wt: 57 kgs		Rhus-t 200 qds - 2 day

In 2 wks had 2 episodes of Vertigo-mild. >3 Ayurvedic Tab for HT. 15 days back H/O fall & whole body wt. came on Lt. hand. C/O swelling+ & pain+ at the Lt. wrist after fall. Then after swelling >3 but pain is mild. O/E: Lt wrist extension & lateral movement-terminal painful, Flexion ROM full. No swelling & non-tender.

Bilateral Knee jt pain since 2-3 days. F: not always. <+ on sitting/squatting position. Not < on walking. O/E: Both knee jt: No swelling/warmth/redness/tenderness/crepitus+. Feel he will get vertigo but do not get. Mild weakness since 1 wk.

7.3.02: FBS: 108. PPBS: 146. FUS: Nil. PPUS: +++

Both leg pain - Same. < At rest. Cough 1-2 bouts in morning with mild sticky white sputum

Pain in foot+ since 15 days now ↑+ <2 during rest >2 when on work. O/E: RS: Clear.

Criteria Date	Sleep	Appetite	Dyspnoea	Ankle Pain Heel Pain	Toothache Gum pain.	Vision	Allopathy c Rx.	New S/S	OYE: BP Wt.	Action.
13.6.02	G	N	A	--	--		A	Since 7 days Backache+ Leg pain+ A/I exertion.	140/80. 57 kgs.	Aur-met 30 14P HS. Stock - R.T. 200 qds - 2 day
4.7.02	G	N	--	--	--		A	Backache >+	160/80. 56.5 kgs.	Rhus-1 200 qds - 14 days.
18.7.02	G	N	A	Mild occ	--		A	Backache >3	150/80 57 kgs	Aur-met 30 14P HS. Stock - R.T. 200 qds SOS
1.8.02	G	N	--	--	--		A	Leg pain >+	140/80. 57 kgs	Aur-met 30 14P HS. Stock - R.T. 200 SOS
29.8.02	G	N	--	--	--		A	Backache >+ R.T. Leg pain+ Cough+ 1-2 bouts in am since so many days.	160/80. 57.5 kgs. No Rx since 2 wk.	Aur-met 30 14P HS. Stock - Rhus-tox200 SOS.
12.9.02	G	N	A	Occ	1 mobile tooth.		A	Backache >3 Leg pain >3. Cough >3.	150/80 58 kgs P: 78/min	Aur-met 30 14P HS.
19.9.02	Since 2 days, Pain+ at urethra while urinating, >2 coconut water. No haematuria. Urine freq - N. Appetite. N. Thirst. N. Today mobile tooth has been extracted which was carious. Adv: Urine - (R)									
3.10.02	G	N	A	--	--		A	Vertigo occ. Urine c/o >3. Leg pain+ occ. Perspiration++ always.	140/90. 58 kgs	II 2P HS. II 3 pills qds - 2 days Aur-met 30 14P HS.
18.10.02	G	N	--	--	--		A	Leg pain occ. Mild cough in am.	160/90. 56.5 kgs.	Aur-met 30 6P HS.
24.10.02	G	N	--	--	--		A	Leg pain >2. Cough in am - S	150/90. 58 kgs.	Aur-met 30 7P HS.
31.10.02	G	N	--	--	--		A	Thigh pain mild. Occ Sneezing	130/90	Aur-met 30 14P HS
14.11.02	↓ 3 hrs	N	--	--	--		A	Morning Cough Mild. Sensitive to noise	130/80. 58.5 kgs.	Aur-met 30 14P HS.
28.11.02	S	N	A	+ +	--	N	A	Since 3 days Dry Cough+ <+ morning after rising. White sputum+.	150/80. 58.5 kgs. RS: L.L.L. Post Fine Crepts	Spengia 30 QDS - 3 days. Aur-met 200 2P HS. 1P weekly. II 9P HS.
11.12.02	Cough <+ Morning. Knee Pain+ Occ. Giddiness.									
19.12.02	4 hrs	N	--	Occ	--		A	Cough-Same. Backache >3. Urine: D-N / N- 2 t. Patient was feeling better2 by initial 3P HS.	140/80.	Aur-met 200 3P HS. II 4P HS
26.12.02	4 hrs.	N	-	--	Mild Mild	?	A	Cough >2. Knee Pain - S. Urine: D- 3t / N- 1 t at 2 am.	120/80. 59 kgs. RS: L.L.L. Post few Fine Crepts	Aur-met 200 7P HS.
2.1.03	G	N	--	Occ.	Occ.		A	Cough > 90% 1-2 bouts in am. Knee Pain - F. Urine D-N / N- 1 t	140/80. 59 kgs. RS: L.L.L. Post few Fine Crepts - S	Aur-met 200 7P HS.
26.12.02	FBS: 108.3. FUS: ++. PPBS: 151.2. PPUS: +++ Glycosylated Hb: 9.2% (4.2 - 6.2%). Patient is not following dietary advice properly.									